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ABSTRACT

The portfolio contains five guides to aid in choosing toys and other resources on toys and toy lending for health care settings. The first guide is about why toys help, reasons, a model, and some ways toys can be used. The second guide covers criteria for choosing toys. The third, not included, is a chart of selected toys as they can be used to develop 10 specific skill areas. The organization, including cataloging and principles of circulating, of a toy library are examined in the fourth guide. The final guide is about special toys for the handicapped child and emphasizes the desirability of adapting normal toys for use by the handicapped child. (DB)

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Toys Help

A Guide to Choosing Toys for Handicapped Children

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The information offered in this portfolio is intended as a guide to choosing toys and to other resources on toys and toy lending. It should be of special interest to occupational therapists, child life workers, recreation and play therapists, teachers, nurses, social workers, physicians, and psychologists.

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Why Toys Help:

By Gary H. Jeffery

Preface

The use of special materials to help handicapped children is not new. Since the early 1800s therapists and educators like Jean-Marc-Gaspard Itard and Edouard Seguin and later Maria Montessori have developed and used such objects. Although the use of these materials, which from the child's point of view might be called toys, has a long history, particularly within educational settings, their widespread adoption by therapists in hospitals, clinics and special schools has only just begun to occur.

During the past decade, more and more therapists have discovered that play with specially selected toys can have several benefits. In many instances, sometimes independently of the formal therapeutic setting, parents too have made similar discoveries. As a result of both these parental and professional discoveries, many toy libraries have been born in Canada, Britain, the United States and literally around the world. Through the growing use of specially selected toys and the toy library movement, more and more people are discovering that 'toys help'. This kit is intended to further this movement.

Reasons, A Model and Some Ways

One of the most useful approaches available to therapists and teachers of the handicapped is based on a single premise . . . take what the person likes to do and base your therapeutic or educational intervention on this. For some handicapped children, the therapeutic process can start here. For others, especially the young or more severely handicapped, the process must start back one step. Here, one must help the child learn to 'like to do' or in other words 'to play'.

As practitioners seeking to help special children[1] regardless of their disability our task is to offer help in the form of experiences, exercises and instruction aimed at benefitting the child to attain his optimum level of development. When our help is offered through a medium, namely toys, which is or can be made to be atractive to the child, our task is much easier.

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[1] *Although this kit focuses on children, some of the materials and the approach being proposed can also be used with handicapped adolescents and adults.*

This unit outlines some of the developmental and therapeutic opportunities offered by carefully selected toys. It presents a rationale for their use and in addition describes both a therapeutic model based on toys as well as some specific goals which toys can help one realize. A number of recommended readings and useful addresses are also included in this unit.

Other units in this kit offer the following:

Unit 2: Criteria useful for the selection of therapeutically beneficial and motivating toys.

Unit 3: A list of good toys and the potential skills which can be developed by their use.

Unit 4: Administrative and practical suggestions for the storage and use of toys and for the operation of a toy library.

Unit 5: Some suggestions for modifying commercially available toys to increase their therapeutic value.

While parents or others whose goal it is to help handicapped children can readily use this kit, it is written specifically for therapists, teachers, nurses and other practitioners in hospitals, residential schools, special classrooms and clinics.

I. Some Basic Assumptions About the Nature of Therapy

At the risk of oversimplification it is proposed that the vast majority of therapeutic interventions with both handicapped children and adults take one of two forms. These forms can be labelled as

a) remediation

b) compensation

1. *Remediation* involves either teaching new knowledge or skills to the child or trying to strengthen or overcome weak or deficit skills. Programs do this by offering opportunities for learning new skills which will help the child over-come his handicap. Programs also provide opportunities for rehearsing a weak or deficit skill. Efforts can be aimed at overcoming either a deficit skill as a whole or what are believed to be its component or sub-skills.

2. *Compensation* entails the teaching of alternative skills intended to replace those which because of the nature of the handicaps cannot be acquired; for example, teaching a child who lacks voluntary control of his vocal apparatus to use some alternative communication medium.

Both approaches require considerable repetition and rehearsal or practice before the skill is acquired. Carefully selected and/or designed and constructed toys and play materials are one way of offering the child an opportunity to practice and acquire necessary skills. If this process is fun, stimulating or novel,

as it can be with carefully selected toys, it will attract the interest of the child and be more readily accepted and carried out by him.

II. Toy-Centered Therapy: A Model

The intent of any therapeutic intervention is that the child develop the ability to perform a number of activities which are potentially useful to him but which are absent prior to the initiation of the therapy. So it is with the use of toys as therapeutic tools.

1. The first step in the therapy involves a diagnosis of the child. This diagnosis should yield a listing of either general or specific skills (including the component or sub-skills) that the child should and potentially can develop, plus an assessment of what specifically might motivate the child to use the offered play materials. Especially frustrating, detrimental and/or dangerous activities should also be specified at this time.

2. The second step is to select, or possibly develop, play materials which encourage the rehearsal or the acquisition of these specific skills. Unit 2 offers criteria useful in the selection of such materials.

3. The third step involves the actual therapeutic intervention. This intervention is of two general types. The type chosen depends on the child, the situation, the amount of therapist time and the availability of suitable toys.

a) One alternative involves what might be termed the *indirect* use of toys. It entails the simple act of offering to the child or leaving with him toys which have been preselected. These toys are offered in the belief that the child will use them at least part of the time in the expected ways and thereby learn from them. This approach is very similar to that taken by many toy libraries specializing in the offering of what are believed to be therapeutically beneficial toys to handicapped children. While this approach may be totally indirect in as much as the child is allowed to play freely with the toys it is more likely that adult (usually parental) involvement and encouragement of the play are present.

b) The second alternative is one which involves a more *direct* form of intervention. It also entails a more traditionally therapeutic or pedogogical use of the same or similarly selected materials as those offered in 3a). This time however the therapist is present when the toy is used and by directing or joining in the play, encourages or directs the child to become aware of the specific functions of the objects and to perform or practice the movements encouraged by these functions.

These two approaches are best not regarded as discrete but rather as points near opposite ends of a continuum of toy-centered therapeutic interventions. Most therapist-

child interactions are likely to fall at continuously varying points, along the continuum.

III. Toy Centered Therapy: A Closer Look

As was suggested above, the task of the therapist and others working with handicapped children is to offer experiences, exercises and instruction that will help the child to develop to the utmost of his abilities and to adapt in a functional and satisfying way to his environment. This process should start as soon as the child's handicap is realized, ideally in early infancy, and continue in obviously changing ways as long as it is both needed and beneficial. A program based on the use of carefully selected toys is one very effective way of helping these children during infancy and throughout early childhood. Depending on the child's difficulties and rate of development, such a program may also have benefits considerably beyond the early childhood years.

Therapeutic intervention, in addition to being of both a direct and indirect nature, can occur at two different levels of skill development. Although each level emphasizes somewhat different therapeutic goals, both take advantage of a toy's potential to stimulate and facilitate often predictable forms of child activity. In addition to a difference in the types of specific behaviour or skills which each level attempts to encourage in the child, the levels also differ, to some degree, in terms of the nature of the therapist's role. While there is considerable overlap between the levels each is discussed individually below.

a) General Developmental Uses of Toys: Level I

One way of using toys is of a general developmental nature. This use is more oriented to younger and in some cases more severely handicapped children who can benefit both by learning how to play and by experiencing the various toys and interactions which are a part of that play. These children often do not spontaneously play, perhaps because they are unaware or afraid of objects in their environments. They may also lack the physical or intellectual skills necessary to discover, explore, manipulate or use play objects. Without play, they lack much of the opportunity (often taken for granted in normal children) to learn a great deal of information about their environments and about themselves. They also lack many of the normal child's chances for fun and enjoyment.

The initial therapeutic goals for these children are of a general developmental nature and include encouraging these often passive children to be active, curious and willing to explore and manipulate objects. As these traits are acquired, the child will have increased opportunity for incidental as well as therapist-intended learning. This

learning can be of both a content (i.e. colours, shapes, objects and their functions etc.) and motor nature. The general developmental use of toys can also result in the child having a considerably enhanced self-concept and greater self-confidence as well as an increased willingness to try out and learn about new things and situations. In addition, such play can be a means of helping the child overcome fears and expectations of failure. Perhaps even more importantly, through the play process the child gains considerable social experience and thereby has an increased opportunity to imitate and learn about the behaviour he has observed in others.

In the general developmental use of toys the therapist will typically have the responsibility of selecting appropriate and potentially beneficial toys. He or she may also directly work with the child, helping him to use and enjoy the toys which are offered. Alternatively the therapist, in addition to selecting or recommending toys, may also be involved in teaching or helping the child's parents or caregivers learn how to play with and encourage the child's use of toys. This latter indirect use of toys is especially beneficial for younger children who are cared for at home or for those who are in residential or hospital care.[2]

As was suggested above, while it is a long term goal here to have the handicapped child (like the normal) be attracted to and want to use toys himself, this is not often likely to occur readily or spontaneously especially early in the process. Usually someone else, i.e., the therapist or the parent, must play with the child and encourage and structure the child's play. Ideally, a carefully chosen toy can be stimulating enough to encourage and direct the type of play you wish the child to pursue. Realistically, such toys are not easily found and even when a very good toy is available, its use depends upon the child's ability and already acquired skills as well as his willingness to play with it.

It is interesting and important to note here that while the child may not appreciate the potential uses of a toy these uses may be noted by the parent or caretaker. By noting the possible uses of therapist-offered or selected toys, the adult will often have therapeutic activities suggested to him which might not have otherwise been considered. A toy, or more accurately a set of toys, thus can encourage and "outline" a therapeutic program for the parent or givers.

b) Specific Uses of Toys: Level II

This level of use is directed toward

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[2] *It is for those children who need help but are not on any formal therapeutic program and for those who need a supplement to their therapy program, that many toy libraries are set up.*

children who have already developed (or are successfully developing) a reasonable level of the previously discussed general play skills and are ready to develop more specific skills. Toys can help to develop the many skills which are listed on the toy chart (see Unit 3) and below.

VISUAL SKILLS
- visual acuity
- eye tracking
- visual stimulation

AUDITORY SKILLS
- auditory discrimination
- sound awareness

TACTILE SKILLS
- tactile stimulation
- sensory awareness
- sensory discrimination

COMMUNICATION SKILLS
- early communication
- expressive vocalisation
- verbal stimulation

GROSS MOTOR SKILLS
- locomotion
- balance
- motor planning
- manipulation

FINE MOTOR SKILLS
- primitive grasp
- hand-eye co-ordination
- pincer grip
- bilateral activities
- dexterity

PERCEPTUAL SKILLS
- position in space
- sense of direction
- steleaghasis (feeling without seeing)
- body image

COGNITIVE SKILLS
- shape concept
- discrimination –size
  - weight
  - colour
  - form
  - depth
  - sequence
- number concept

SOCIAL EMOTIONAL SKILLS
- solitary play
- parallel play
- group play
- imitative play
- imaginary play

LIFE SKILLS
- self help
- environmental awareness
- mobility

Toys can be used in three ways by the therapist seeking to encourage the acquisition of these skills. These ways are listed below.

1) Toys can function as a reward and may be offered to a child for engaging in a desired or required activity. This usage essentially follows the learning principles used in behaviour modification approaches.

2) In another way, toys, when they are inherently attractive to a child, can often be incorporated in a number of ways into ongoing therapeutic activities thereby making the performance of these activities somewhat akin to play. This second use of toys can really be employed by therapists and teachers as a means of demonstrating of illustrating

lessons and/or as a way of distracting or entertaining the child while some other, not necessarily toy related activity, is being carried out.

3) The third way of using toys is the one most emphasized in this kit. This use which is based on the play process, rests on the following three premises:

The *first* is that children want to play and/or can be taught and encouraged to do so.

The *second* premise is that this play if correctly structured can be highly educational and of considerable therapeutic value to the child.

The *third* premise is that the form that the play takes is related to the nature of the toys which the child is offered. The potential therapeutic value of the play is thus determined to a significant degree by the materials used in that play. Each toy affords or suggests certain uses. Once these probable uses have been assessed, the nature of the ensuing play can be predicted. The nature of the therapeutic intervention thus becomes evident. Offer toys which when played with encourage the child to perform activities which will help him.

Some elaboration of this third premise might be useful. Play involves the child actively exploring, manipulating, controlling and even seeking to master his own body, the immediate environment and the objects found in that environment. This play is motivated by many forces including an innate need for stimulation and a curiosity about the environment and the objects found in that environment. When this play is structured, as it can be by offering motivating and carefully selected or designed objects, it can result in the child acquiring and/or rehearsing predetermined skills which are deemed necessary and beneficial. A therapeutic goal is thus realized.

To illustrate this consider a situation in which a child is presented with a carefully designed object, i.e. a cube or box-like structure, one side of which is a door held shut by any one of a number of different types of latches. It is very likely that a child presented with that box will set about trying to open that latch and the door. If the child's abilities and the difficulty level of the latch are correctly matched, the child will likely succeed at the task.

The child will (typically) play with this for the satisfaction of mastering and learning about a new situation. His motivation can be further encouraged by supplying a variety or unexpected rewards inside the box! If the size, shape, design and effort needed to open the latches are systematically varied, a number of different experiences can be offered. Whether or not a reward

within the box is necessary, the child's 'play' can be appreciated as having considerable potential therapeutic benefits. What is regarded as therapy by the practitioner is regarded as fun by the child.

Once again, as was suggested above, it is somewhat idealistic to assume that the handicapped child will always be able and willing to spontaneously initiate and pursue therapeutically desirable play. This may occur; however it is not necessarily the norm. Usually therapist support and intervention is necessary.

IV. Some Specific Therapeutic Uses of Toys

There are a number of therapeutic uses for toys and play materials which are deserving of further comment.

a) Orienting the Child Toward the Environment

Many severely handicapped children are very apathetic and unresponsive to their environments. Given their difficulties and frequent lack of opportunities to interact even in simple meaningful ways, this absence of responding is hardly surprising. Even when a potentially useful therapeutic approach might be available, the child may show little willingness to even attempt to respond to it. It is in this situation that many specifically designed, reaction-type toys can be employed.

These toys are ones which respond in a novel or attention-getting way to some willful, simple act by the child.

Example: a music box which begins to play, a mobile which begins to move or lights which flash in response to some child action. Objects which can be activated by oversized switches or panels, by gross undifferentiated movements, by breath sensitive switches or even by vocalizations can serve to direct the patient's attention toward the environment and thus provide a starting point for other forms of intervention.
See Unit 5

b) Letting the Child Experience Competency

One important difference between a handicapped and a normal child is the relative number of opportunities that members of each group have to experience themselves as competent. The normal child experiences his or her competence in many different ways. This is not the case with handicapped children. There are relatively few objects over which a quadraplegic child for example, can exert control and consequently derive the experience of being competent.

Many psychological and play theorists regard the need to experience competence as very important, perhaps even innate. Deprived of

the opportunity to have this experience some form of depression or withdrawal will probably ensue.

Carefully chosen or designed toys can allow handicapped children the opportunity to experience themselves in control of something and hence as competent.

The completion of an act that for a normal child is common place, may be perceived very differently by a handicapped child, for whom it may provide a much needed and not often received confidence and ego boost. Appropriate toys (i.e. selected so as to assure that the child is capable of using them) can provide a means of demonstrating and reminding the child that he has the potential to successfully control other objects. This is turn can encourage him to attempt other more challenging acts.

c) Building Identity

All people identify or define themselves, at least in part, through the objects they possess. When a child is confined to a hospital or residential setting, a special effort is often needed to help that child experience and be proud of his or her identity as an individual. To have one's own possessions, particularly when they are valued ones as toys often are, can be psychologically very useful.

d) Helping Interpersonal Relationships

i) Many child psychotherapists and counsellors appreciate the necessity of finding ways of facilitating relationships and communications between themselves and their child patients. Toys are often used to help provide this link. Haim Ginott, among others, has suggested that play is the language of children and toys are the words.[3] It may be difficult for a handicapped child to use words; however it may be possible for that child to communicate through play.

(ii) Toys are useful when working with hospitalized children in another related way. A toy in the presence of a child can offer another child or a visiting or passing adult (i.e. nurse, doctor, etc.) something to talk about with the child. This makes such contacts easier and increases the probability and frequency with which they occur. Such an indirect use of the toy can help the child experience himself as worthwhile and significant and also offer worthwhile social experience.

e) Encouraging Recreation and Leisure

A last though often first considered

[3] *Jeffery, G.H., "Toys as tools in working with young children" in T.H. Brown (ed.)* Counselling; Challenge of the Eighties, *St. John's, Newfoundland; T.H. Brown, 1981.*

use of toys is in the area of leisure and recreation. This use is in itself important enough to justify and encourage the offering of toys to handicapped children, particularly those children in hospitals who may experience long periods of boredom or low stimulation.

There is an important consideration that must be kept in mind here. A toy that is not or cannot be used, even though it is present, is of very limited, if any worth! A toy propped on a pillow or resting on a bureau is of little developmental value. An object that is not played with is not a toy! Before a toy has any leisure or recreational value, it must be used and its use depends very much on its design and play potential.

For a toy to be used it must be fun, it must be attractive to the child and offer novel, not-yet-completely-familiar or already mastered play opportunities. The child must be willing and able to recognize the toy's possibilities or have these pointed out to him. The uses of the toy must also be of a kind which the child is physically and intellectually capable of performing. If these basic conditions are not met even leisure or recreational play will not likely occur.

Toys are very important for leisure and recreation. However, not just any toy is capable of being so used. Once again to be used and useful, toys must be carefully chosen and/or specially designed and constructed.

V. In Closing ...

In closing let me quote from Michael Ellis, a widely cited authority on play. When discussing the play of normal and special children he states:

> "The ill and handicapped human have greater need for recreation and play services because their limited circumstances to some extent prevents their exploring for opportunities themselves. The principles for intervention to facilitate in all handicapped are identical to those for delivering such services to the healthy. These require only an additional insight into the constraints imposed by the medical condition so that where possible the activities contribute to the remediation and where they are not therapeutic, they do not hinder the effects of treatment."[4]

The systematic use of carefully selected toys can help![5]

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[4] *M.J. Ellis,* Why People Play, *Prentice Hall, 1973*

[5] *A very interesting and highly recommended source of information and ideas for the use of play with handicapped children is found in* Toys and Playthings in Development and Remediation, *by Elizabeth and John Newson, (Penguin Books, 1979) See especially chapters 7, 8, 9, and 10*

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Toy Libraries Association, Herts, England

Sources of Materials

U.K.
Some Manufacturers & Distributors will mail individual orders overseas
(Subject to Customs Duty)

Their catalogues are full of ideas, even if the material is not available in North America.

Abbott Toys, Pinnacles, Harlow, Essex

Galt Toys, Brookfield Rd., Cheadle, Cheshire

Huntercraft, Silverbands Ltd, Sherborne Dorset

Mothercare, Cherry Tree Rd., Watford, Herts

Pedigree Toys, Market Way, Canterbury, Kent

Wills Toys, Elsenham, Bishops Stratford Herts

Kiddicraft, Kenley, Surrey

Woodpecker Toys, Lynton, N. Devon

Susan Wynter Toys, Brightthingsee, Essex

Trendon, Stockport, Cheshire

Some Useful Addresses

Canadian Association of Toy Libraries
1207 – 50 Quebec Avenue, Toronto, Ontario M6P 4B4

Canadian Council on Children and Youth
232 Chapel St., Ottawa, Ontario K1N 7Z2

Canadian Toy Testing Council
P.O. Box 6014, Stn "J", Ottawa, Ontario, K1R 7T3

Family Information Centre
Hospital for Sick Children,
555 University Avenue, Toronto, Ontario

Association for the Care of Children's Health
3615 Wisconsin Ave. N.W. Washington, D.C. 20016

Australian Association for Toy Libraries for the Handicapped
28 The Avenue Windsor 3181
Melborne, Victoria, Australia

International Council for Children's Play
Marktplatz 14
D 79 Ulm/Donav West Germany

National Association for Hospital Play Staff
40 Brunswick Square, London, England WC1N1AZ

National Association for the Welfare of Children in Hospital
7 Exton St., London SE1 80E England

Toy Libraries Association
Seabrook House, Wyllyotts Manor
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We do not endorse or promote any particular company or its products.
We simply hope to increase awareness of resources and choices available.
Most toys identified, or suitable equivalents can be found in good toy stores.

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TW **TUPPERWARE**
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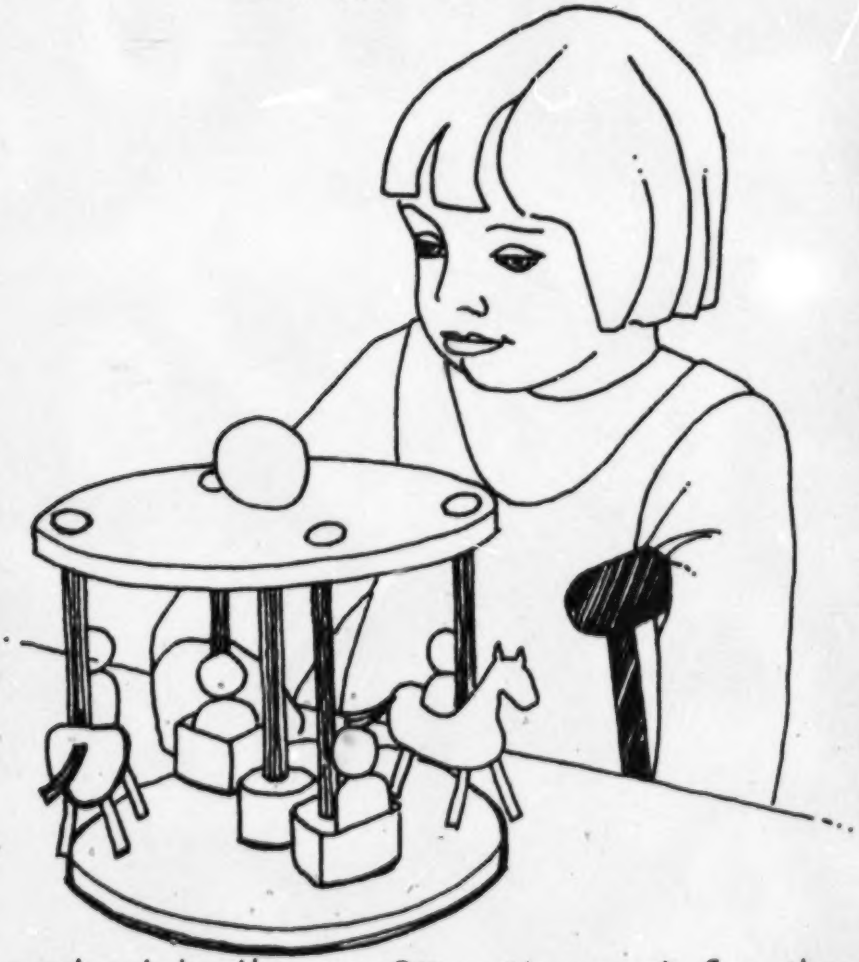
toys help unit 2

selection criteria



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Toys Help: The Selection of Materials

By Gary H. Jeffery

How can one determine, before actually offering a toy to a child, whether or not that toy is likely to be of any therapeutic value? There are two main ways of approaching this problem. One involves seeking out the names of toys which have been found successful in field and laboratory testing and then offering those same toys. The other entails the use of criteria or guidelines which can help one select potentially useful, though not previously recommended toys. Both approaches are useful and both are dealt with in this section.

This Unit offers a set of toy selection guidelines. A list of toys which have been successfully used is offered in Unit 3.

Published toy lists have the obvious advantage of offering the benefit of other therapists' experience, thereby eliminating some of the trial and error of toy selection. They have the slight disadvantage of sometimes recommending toys which are no longer manufactured or are not readily available. Lists also may not allow the therapist to make fine discriminations between similar objects. While they do offer the potential for significant time and money savings, these lists quickly become dated and may overlook many beneficial or new toys. In short, they are useful but have their limits and hence are best used along with selection guidelines such as are offered below.

There are three major groups of considerations to be kept in mind when selecting toys. These are 1) the motivational value and attractiveness of the toy to the child 2) the probable therapeutic uses and value of the object and 3) the overall practicality and acceptability of the toy.

I. The Motivational Value and Attractiveness of the Toy

Regardless of the potential therapeutic value of a toy, if it does not interest the child, it is little more than a shelf decoration. A toy must catch the attention of the child before it will be used. It must also suggest a type of attractive and interesting activity to the child. It must in other words, catch the child's attention and then motivate that child to use it.

Several types of features can help make a toy attractive.

1) Distinctive and sensory stimulating design can help catch a child's attention. Design features can include bright colours, unusual or varying textures, emitted sounds and movement.

2) A toy's attractiveness can also be enhanced by two apparently opposite aspects of design and form.

Novel or unusually formed objects can catch a child's attention. These objects are often readily noticed, but not necessarily recognized. Their unfamiliarity usually stimulates some amount of curiosity.

Interestingly, high familiarity can also result in an object being readily noticed. In this latter case, the object is attractive if it has been little used or previously unavailable for play. These toys can be very attractive if the child knows about them, but has had little opportunity to explore, manipulate, learn about and try them out.

3) Attractiveness is also enhanced by other people's interest in or use of an object. These 'others' can include the child's peers, parents, teachers, therapists, as well as sports, t.v. and media heroes.

II. Assessing the Therapeutic Value of a Toy:

The assessment of the therapeutic value of a toy can be approached from two different though highly compatible directions. Both directions are outlined in this list and the user is recommended to assess a toy in both ways.

i) One approach, the one which is best used initially, assesses the toy relative to the types of experience the child might derive from using it. This approach, because it focuses on a particular way of using the toy, emphasizes the type of skill the toy is likely to foster. This approach assumes that the needs of a particular child or group of children have been clearly assessed and specified. It assumes as well that this assessment includes an awareness of very specific beneficial movements or activities which if performed would be of therapeutic value to a child.

One considers the usefulness of a particular toy relative to how well it encourages a child to perform these therapeutic activities.

A list of ten fairly widely used categories of skills was offered in Unit I and is also found in Unit 3, The Toy Chart. Also included are a number of sub-skills found within each of these areas. Examples of specific toys capable of fostering the child's performance of one or more beneficial activities is also found in Unit 3, The Toy Chart.

ii) Once a toy has been found which appears to be potentially capable of fostering a specific competency, a second level of specific selection criteria can be usefully applied. These criteria are aimed at helping one assess the actual (as contrasted to potential) activities which are encouraged by the toy. Put another way, it can be asked whether or not the child will use a toy in the way and for the purposes intended by the therapist. While a particular skill may be fostered if the toy is used in a given way, one must try to be sure that the child will (a) notice or discover the potential usage and (b) be interested in using the toy in the

desired or prescribed ways. Ideally the ways in which the child uses the toy will be the same as the way(s) the therapist intended and desired.

To predict all of the actual uses to which a child might put an object is very difficult and perhaps even impossible. In addition to assessing all of the activities suggested by an object, any comprehensive attempt at prediction would also need to take into account the many child and situational variables influencing the activity choice. While a comprehensive list predicting all possible uses is virtually impossible, one can at least reduce the chances of undesired or even detrimental activities by very carefully and creatively assessing the play object. This assessment can be structured by asking three questions. To answer these questions it is necessary to have an awareness of (a) the individual child (or group) for whom the toy is intended, (b) the situation in which the toy is to be used and (c) the attributes and features of the toy itself. A number of the toys' attributes and the possible types of child-toy interactions which most frequently contribute to the answering the last of these questions are listed below. (It is assumed that the therapist knows about the child and the setting).

QUESTION 1: Will the child notice that the toy can be used in the ways intended or desired by the therapist?

To answer this question consider whether the object has:

(a) excessive or distracting detail or colouring (i.e. unnecessary patterns, decorations etc.)

(b) irrelevant or non-functional parts

(c) an excessive number of parts

(d) an excessive similarity to other differently used or functioning objects and is thus confusing to the child.

(e) inadequate similarity to other objects with which the child is familiar. In other words, is the child aware of what might be done with the object based on his or her pervious experiences with similar objects.

QUESTION 2: Will the child be able and want to perform the desired activities?

To answer this question consider:

The physical properties of the objects. These include:

(a) the shape and size of knobs, handles and pieces. Are they readily grasped, twisted, pulled, turned, etc.?

(b) the smoothnëss or texture of the objects surfaces. Can they be sensed or felt? Will they readily or unnecessarily slide from your grasp or away from you?

(c) the suitability of fit and ease of usage of the parts. Are pieces too loose or too tight? Do knobs turn too easily or not easily enough? Are doors, drawers, windows, etc., too easy or too difficult ot move?

(d) the balance and weight of the object. Does it fall over or move too easily or is it too heavy for the child to use?

(e) the overall size of the object. Is it too small, too large, too awkward for the child to readily use?

Consider the object relative to the intellectual, emotional and physical capabilities of the child and relative to his or her individual interests.

Assess:

(a) the number of sequential steps or movements needed to perform the activity suggested by the object.

(b) the required competencies or sub-skills assumed by the tasks relative to the competencies of the child.

(c) age (e.g. too babyish) sex, ethnic or racial associations to the object potentially made by the child.

(d) possible similarities between the object and other objects used in previously failed, painful, feared or criticized situations.

QUESTION 3: What other activities or alternative uses which are different from thos involved in the intended therapeutic uses are suggested by the toy and are any of these alternative activities potentially detrimental to the child?

This is the most difficult question to answer because of the many child and setting variables and of course the toy design and nature variables involved. To help answer this question, the following suggestions are offered.

(a) The therapist should look carefully at the object, play with it, observe where possible other children using it and finally, creatively guess as many different ways as possible in which the object might be used or misused.

(b) It is often useful to consider the child's interest (e.g. in spacemen or sports) and his habitual ways of using similar sized or designed objects (i.e. mouthing or throwing them)

(c) Recent media or peer activities which might have involved similar or related objects can provide clues to possible alternative usages.

(d) The nature of other play materials to which the child has access at the same time can sometimes offer clues to alternative types of usage. The combining of the 'therapeutic' toy with others may suggest to the child (and to the therapist) a possible type of previously unthought of and perhaps unacceptable or maybe even detrimental type of play. For example, beads may be willingly used for threading until they are present with a doctor's play kit. They then could become "pills" with disastrous results.

III. The Practicality and Acceptability of the Toy

Even though a toy may appear to be potentially attractive to a child and to have therapeutic value, the purchase or acquisition of that toy may not be practical and acceptable. To help determine the feasibility of acquiring a given object consider:

(1) the cost of the toy relative to its therapeutic value and the amount it might be used. Also consider if it could be used by more than one child and if there are other already owned toys which are similar and would make the purchase of this new toy somewhat unecessary.

(2) the ease with which the toy or the parts of it can be replaced or repaired.

(3) the ease with which it can be stored and/or transported

(4) the acceptability of the noise, mess and/or amount or type of activity likely to be generated by its use.

(5) availability and/or competence of staff members and volunteers who might be needed to supervise or assist in the use of the toys.

(6) compatibility of the toy with other materials in the setting and the related issue of the possible need for additional objects, surfaces or spaces which might be needed before the toy could be used in the intended way.

(7) the possibility that the toy may have ethnic, social or racial connotations not acceptable to the setting or community. (e.g. guns, or dolls for males)

(8) the availability of the object or the ease with which it might be purchased. This is especially important if a toy is chosen

from a published list.

(9) the safety and hygiene of the toy. Because this area is of such importance, a number of specific safety considerations which apply when toys made for normal children used by handicapped children are listed below.

IV. Safety Factors

1. Overall Strength: A handicapped child may be older (and hence may be larger, heavier and stronger) and/or less well co-ordinated than those children for whom the toy was originally designed. One must then be certain that the toy and its individual parts are strong enough and durable enough to be used safely by this child.

2. Materials Used in Making the Toy: the toy must be made of materials (including its stuffing) which can be readily cleaned. It must also be safe and hygienic if mouthed. It is also useful to be certain that the toy (depending on its shape) does not conduct electricity.

3. Size of Toy and its Parts: It is normally assumed by the toy manufacturer that a child over three can be trusted not to put small objects in his mouth. This assumption is not always valid with some handicapped children. Beware of small parts which can be swallowed.

4. Dangers Resulting from Falls: A handicapped child may be more prone to falling on a toy. Beware of parts that stick up or out which can penetrate or puncture a child.

5. Risks from Misuse: This can take many different forms ranging from using the toy as a weapon, to using it as a head rest. One must try to anticipate the uses as best one can. Beware of those toys which can be dangerous if thrown, used as a hammer or poked or thrust into someone else.

6. Risks from Use in Different Settings: Consider the setting in which the toy is to be used and the nature of the supervision in that setting. A toy which could be safe in an adult-child interaction could be very dangerous in solitary play or a child-child interaction.

V. Assessing Play Value. . . Is It Fun?

Little mention has been made throughout this unit of the play value or the fun that a child can have from using a toy. This is not because I am in any way insensitive to this or feel that this is unimportant. In fact quite the opposite; a toy that is not fun, will not be willingly used! A child plays with a toy and has 'fun' with it if that toy can be explored, if it triggers his or her imagination, if it is novel or if it offers a chance to acquire some unmastered skill, or new knowledge in which the child is interested. All of these things are parts or aspects of what for a child is fun! Fun derives from doing and being entertained. An active, ex-

ploring, imagining, learning and mastering child is a child who is having fun. Well selected toys facilitate these activities.

The child's fun is very important and in fact is an integral part of just about all of the selection criteria offered throughout this booklet!

The choosing of attractive, therapeutic, acceptable and safe toys is not easy. It requires great care and usually much practice. It is both an art and a science. It is also a means of offering much enjoyment, personal satisfaction and help to a handicapped child. Hopefully this brief booklet will provide a starting point to help you develop this worthwhile and rewarding competency.

VI. Toy Selection in Practice: Some Examples

To illustrate what is actually involved in the selection of potentially beneficial toys for handicapped children the following two examples are offered Neither of these toys, prior to this evaluation, have been field-tested by the author. Both are assessed using only the criteria offered and the experience of the author with similar toys and knowledge of a particular child difficulty.[1] The evaluations are approached in two somewhat different ways, each typical of how toys are actually selected.

In one instance a toy (the Flip Form Box by Playtoy Industries Inc.) is "discovered" which on first look appears to be potentially worthy of careful consideration. The potential uses, advantages, disadvantages and practicality of this toy are assessed.

In the second instance toys are sought for a particular handicapped child (a moderately mentally retarded boy of six years who is being prepared to begin school.) A toy is sought which would be fun generally, beneficial to the child and potentially useful to help ready him for school. The School Bus (by Fisher Price) is considered (and evaluated) for use by this child.

a) Example 1: The Flip Form Box is a variation on the traditional posting box (shape sorter). This toy is a flat

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[1] *It can be useful, especially when learning to evaluate toys and/or when training staff or parents to select toys or be more aware of their potential benefits and uses, to develop some form of check list or evaluation guide. Such a guide (i.e. of about one page in length) would contain specific questions for considerations such as have been offered in this unit. It could also include other considerations more specific to the setting and/or handicapped group for which the material is intended. In practice, such guides have little day-to-day value as evaluation criteria can readily be learned. They are useful for the purposes stated.*

rectangular box (about 32×20×60 cm) which is divided by a panel connected by hinges to the middle of the box. This panel, as the toy's name suggests, can be flipped like the page of a book so as to cover either half of the box. In the panel are nine holes (i.e. circle, square, cross, elipse etc.) through which corresponding blocks of various colours can be fitted. Each block is "hollowed out," with a series of raised braille-like dots (from one to nine) on one face and the corresponding raised numeral on the opposite face. One side of the box has raised and numbered shapes over which the corresponding blocks can be fitted. The other side of the box has depressions matching the sides of the various blocks. All parts of the toy are brightly coloured plastic, fit well and move easily. The toy in general appears strong and well made.

This toy appears to have several potentially therapeutic uses. Obviously it will facilitate form recognition, tactile discrimination and fine muscle co-ordination. The activities encouraged by the toy include picking up, holding, rotating, aligning and releasing objects as well as the several movements involved in flipping a book page. The toy encourages considerable repetition of these movements using a variety of shapes. It also allows the child to experience concepts like "through," "on," "in," and "over." The toy can be played with on a flat table, floor, bed or wheelchair tray. It can also be played with on an angled or easle type of play surface. The moving panel allows the shapes to be quickly and easily retrieved by the child or therapist (a feature not found in some shape sorters). The toy can also be used with the panel in either left, right or hand-held vertical position. It cannot be locked in the vertical position. While the raised, dots and numbers may in some instances be used, these appear to have limited value. Their presence would appear to add little to the cost of the toy, do not detract from it and are not in any way distracting. The toy could be easily stored, is reasonably priced, and visually attractive. The speed, ease and variety of ways in which it can be used help give it a greater play value than many similar toys.

This toy could be therapeutically used with several groups of children. Visually impaired, retarded and some learning disabled children could benefit from the rehearsal of the various movements as well as from the form recognition, spatial and tactile stimulation offered by the toy. It is obviously intended for solitary or adult-child play. The play value (i.e. the range of uses and its consequent ability to maintain the child's interest) of this toy is such that one might expect only a moderate duration of use. It is not likely to foster more than a few periods of extended play. It will foster little creative or imaginary play and may encourage some perseveration. The nature of the toy's uses would appear to justify its acquisition.

b) Example 2: For the six year old retarded child (previously des-

cribed) a toy is sought which will help prepare him for his entry into and travel to school. It is a new experience for the child to travel alone by bus. There is some concern for his behavior on the bus and a desire to begin introducing him to the varous safety rules associated with bus travel. Although the child's co-ordination is developing at a reasonable rate additional fine muscle experiences would be appropriate. There is also a desire to orient the child towards more general object play as a trend towards excessive and passive T.V. viewing appears to be developing.

In seeking out possible toys for this child the School Bus was considered. This toy is a 25 cm long yellow plastic and wood school bus with seven minimally detailed peg men. The bus into which the figures easily fit has an open top and windows. It can be pulled by an attached cord. When moving the head of the bus driver looks both ways, a clicking sound is produced and the headlights (made to look like eyes) move up and down. The bus has bright red wheels and pictures of cartoon-like figures decorating its sides. Parts fit well and the vehicle appears sturdy and safe.

Through unstructured play with this toy the child could become familiar with and be helped to recognize the "school bus" shape, a necessary precursor to departures to and from school on a similar bus. Free play could also help foster some fine muscle development. Some role playing and vehicular play could occur.

For the toy to have its desired therapeutic effects adult or therapist intervention would be necessary. Lessons having to do with lining up, waiting and staying seated while on the bus could be illustrated and rehearsed with the aid of the toy. Lessons having to do with looking both ways could be demonstrated by pointing out the movement of the drivers head. The similarity of shape and colour of the bus to a real one could help the transfer or generalisation of the child's lessons. The moving headlight eyes and side decorations are completely unnecessary and perhaps even distracting. In general the toy has a reasonable play value. While it is potentially useful for the specific application mentioned its range of therapeutic uses with other handicapped groups would appear limited. It can foster manipulation and movement and can be a useful prop in lessons about transport in general and school in particular. It perhaps has a general though not specific play value.

toys help unit 4

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Organizing and Administering A Toy Lending System

By Joanna von Levetzow, Director,
Canadian Association of Toy Libraries

Introduction

These guidelines are written for professional health care workers and others planning to start a Toy Lending Library and for those decision makers who are asked to approve funds for establishing and maintaining this service. We are assuming that you are already convinced of the powers of play and play materials to achieve a specific goal, be it remediation, identification, stimulation or relaxation.

There are other experienced Toy Library Organizers who will be glad to share their ideas with you. Please write for further information, and sources of new material as it becomes available.

We offer these ideas, based on past experience, all or some of which may be appropriate to the service you are planning.

I. Values of a Toy Lending Library

As well as a system for use by professionals to select, catalogue and administrate their toy collection, the value of a Toy Library as a program lies in the needs of parents who care for their handicapped child.

a) Parents Needs

Parents should always be involved in such a program. Most families are naturally concerned to help their child's progress and/or adaptation to his disability, but many medical or rehabilitative procedures are not within their powers to perform. They experience feelings of loneliness or dissatisfaction at not being able to do something for their own child. There may be playthings in the home, but how to use them in a meaningful way may not be understood. Many appropriate toys are expensive, many are designed to be used in professional situations and are not accessible to the individual family.

b) Parents as Practitioners

Lending to parents/caregivers toys suitable for their individual child is not the only aim. The child often needs a reassuring order in his play to enable him to build up a sense of security. Parents need to be informed about the special educational and remedial potential of toys for the special difficulties for their child, and to understand the developmental sequence of play. They need activity programs to take home to do and these will include

careful instructions, methods of application and appropriate language to support the child's endeavors.

Given specific guidance, they can accept this part of treatment as their responsibility, and as something they can enjoy doing with their child. Siblings, peers and other family members can also get involved. We suggest that several toys be lent at a time to provide variety and that siblings can borrow a toy as well.

c) Social and Support Factors

The Toy Library provides a meeting place for children and parents which may be less clinical than their usual places of consultation, and it can be a source of friendship and mutual support. Its informality may also have an appeal for the parent or caregiver who lacks confidence or knowledge, or who suffers from anxiety, confusion, or retardation.

d) Early Identification

It provides an opportunity for early professional identification of developmental delay or symptoms of physical or emotional neglect or abuse.

II. Using a Community Toy Library for a Child With Special Needs

Sometimes it may not be possible to establish a Toy Library within a treatment facility and the alternative the family. For the family there are advantages to this arrangement. There is the opportunity to meet neighbourhood families, and for the child to mix socially with other local children. The child's therapist can recommend appropriate toys and introduce the family to the Community Toy Library. The parents can also select options from the available toys that they perceive to be appropriate. If the child or family is unable to attend the Community Toy Library, it may be feasible to arrange for delivery and pick-up at the child's home. Many Service Clubs or other community agencies are pleased to help the handicapped child in this way.

Costs

There is no attempt here to estimate capital and operating costs as these will vary widely depending on your goals and scope. Legitimate charges may include any or some of the following –

1. **Toy Purchase** – master set, duplicates, replacements and repairs, batteries (note: a master set is optional but desirable, to keep in the Toy Library for reference/display)
2. **Other Materials for Loan** – records, cassettes, picture books – for language and listening skills, linked with play materials.
3. **Rent, Utilities, Insurance, Furnishings, Maintenance**

4. **Office requirements** – telephone, stationery, postage, printing, accounts and audit.

5. **Salaries for Staff** – and travel & meal allowance for volunteers

6. **Training** – Allowance for training staff/volunteers, and attendance at conferences and meetings.

7. **Mobile Unit** – add costs and maintenance of van, fittings, running expenses, driver's services and expenses.

8. **Reference Library** – for parents, staff, students and researchers. books, catalogues, pamphlets and periodicals.

Premises

Likely Locations

Hospitals

Treatment Centres

Residential Care Centres

Schools and Educational Institutes

Community Centres.

Parent Resource Centres

Found Locations

Classrooms

Church Halls

Garage, Family Room

Trailer, station wagon

Lockable cup-boards in shared space

Keep In Mind

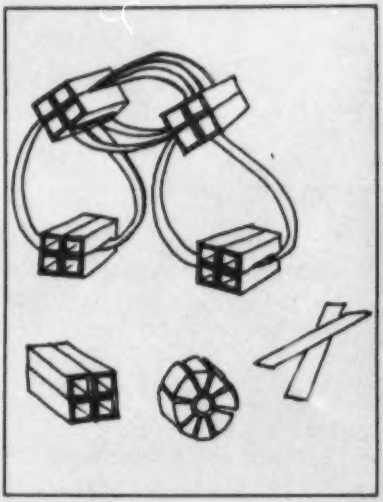
Accessibility and visibility for use by the handicapped community

Facilities – toilet and washing facilities, parking spaces

Attractiveness – bright, comfortable, and friendly.

Indoor Play Space

Room for Toys, on shelves – high and low
Library shelves for print and display material, bulletin board
Administrative Space – desk, filing cabinet etc.
Seating for adults and children
Play space with appropriate floor covering
Facilities for water & sand play (optional)



Struts

Making Do

If it is not possible to have your own room or space, and you have to share it with another program, here are some ideas.

The Toy Library toys should not share usage with other program toys, and should be kept separate in a lockable cupboard with shelves. The kind on castors that hinge together and lock when closed define a play space in front of them when open. A rug and cushions or low seating makes this a small inviting space which can be tucked away tidily when not in use, and can also be moved from room to room if necessary. The records and cards can be kept on the shelves or elsewhere. Sometimes one has to begin an innovative idea in this modest way and expand as it becomes more successful.

Storage

Staff

Administering and Operating a Toy Library may require one or more staff, professional and/or volunteer, depending on its size and scope. *Skills* to look for include organizational ability, knowledge of toys, play materials and their uses, and ability to work well with children, families and other staff.

People whose input would be valuable include (not in any priority order!) Therapists; Child Life worker; Social Worker; Psychotherapist; Psychologist; Public Health Nurse; Community Nurse; Paediatrician; Medical Practitioner & Specialists; Play Leader; Teacher; Secretary; Accountant; Toy Maker, Repairer, and mender; Mobile Unit Driver.

Staff Functions

1. **Planning and Administration** – co-ordinating service guidelines, controls and policies.
2. **Budget** – orders, accounts and audit.
3. **Secretarial** – Records memberships, attendance, correspondence.
4. **Toy Selection** – assessment of needs, toy choices and orders.
5. **Processing, maintenance and circulation** – preparation of toys, marking, indexing, cataloguing, checking in and out, overdues, repairs. (These can be broken down into separate responsibilities).

6. **Library** – the services of someone knowledgeable about library techniques can be very helpful with control and circulation.

7. **Mobile Unit** – additional programming and preparations of resources to make the best use of time and distances travelled.

There are a number of Mobile Units whose experience would be useful to potential planners. Here is a partial list:

Toys 'n Things Training Centre, 906 North Dale, St. Paul, Mn. 55103,

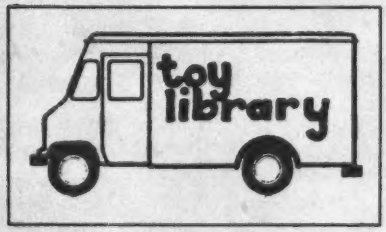
Daisy Toy Library, Sacramento Council for Delayed Pre-Schoolers, 890 Morse Ave., Sacramento, Calif.

The Village Van, Protestant Children's Village, 983 Carling Ave., Ottawa, Ont.,

The Toy Truck, Braemar Elementary School, 9359 - 67A St., Edmonton, Alberta

The Rainbow Fleet, Arts Council of Oklahoma City, 3014 Paseo, Oklahoma City, Oklahoma 73103

The Toy Chest, Mobile Van, 190 Cook Street, Barrie, Ont. L4M 4H5



Mobile Unit

Administrative Procedures

1. **The Borrowers**
Whatever the goal of your Toy Library, the borrower is always the person responsible for the toy, its care and return. This may be a staff member, group representative (e.g. special needs nursery/day care) parent, or caregiver (see section on SAFETY)

2. **The Toy Library Method**
The method by which the selected toys are catalogued, marked and indexed allows any systematic operation to keep track of where the toys are and who has them. It reduces the chance of loss, and by careful selection, the incidence of damage or destruction.

3. **Selection**
(See Unit 2 and Chart)

4. **Categories**
There are a number of different category systems in use, simple to sophisticated. Each Toy Library should choose what suits them best. One example has been used in this publication. A second example devised by the Toy Libraries Association in Britain, is attached (Figure I)
(See Bibliography Unit 1 for other sources)

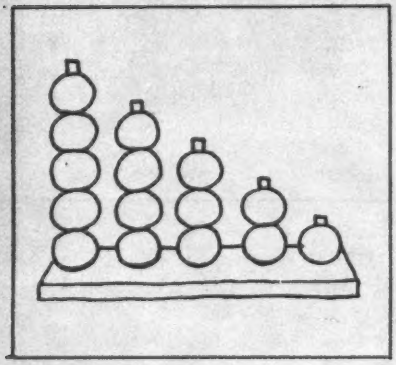
5. **Cataloguing**
The toys need to be readily identifiable by number rather than name (which may vary from manufacturer or country of origin). Each toy is given an accession number in its category followed by a decimal

point and the number of pieces. This last figure is very useful for both borrower and organizer and saves much time and effort in counting or searching for pieces.

Example
Stepped Abacus, one to five large coloured balls on five pegs on a stand
This toy, in category "Discrimination", would be numbered: D4.16

D = for discrimination
4 = the fourth toy in this category
• = decimal
16 = for the number of pieces including one for the peg-stand.

If you have more than one copy of this toy, the number becomes D4.16(2) and so on. If you have a Master Set this should also be distinguished, by adding M. D4.16(2)M.



Abacus

6. Marking

Each toy is marked with its number, and wherever feasible, each piece is marked. This allows pieces which have dispersed to be easily identified and returned to the set.

Markers must be permanent and non-toxic. For long lasting cover with a clear sealer, varnish, or liquid acrylic.

Fine indelible markers are found in stationers and art suppliers.

Electric Pencil Engravers
Weis Products Inc., Chicago
Model 21 has been used successfully.

Small Adhesive Labels
Covered with sealer, or clear sellotape, though not resistant to removal or constant washing.

7. Preparation

Wooden toys, unpainted, should be covered with a non-toxic sealer and a coat of clear polyurethane varnish. Wooden toys, painted, even those with a high gloss finish, should be given a polyurethane coating to protect the paint from chipping. Toys which do not look fresh and attractive are not so likely to get careful treatment. If borrowers feel the Toy Library takes care of its toys they are more likely to do the same.

Even jigsaw puzzles and insets benefit by a coat of clear polyurethane varnish. Any toys likely to be mouthed should be completely washable. (See 9B)

FIGURE I: TOY CATEGORIES (from *"Organising a Toy Library" B. Wroe.* publ. by the British Institute on Mental Handicap, 1979)

A for ACTIVITY	(a) suitable for non-walkers as well as walkers (b) for walkers and climbers only
B for BABY PLAY	(a) sense stimulating toys (b) first handling and pushing toys
C for CO-ORDINATION	(a) fitting, threading, screwing, turning, hammering, steering, and balancing skills (b) insets and jigsaws (c) construction
D for DISCRIMINATION	(a) visual – matching, sorting, grading (b) auditory – music appreciation
E for EXPRESSION	(a) creative (b) fantasy (c) language
F for FIGURES (Shapes & Measurement)	(a) geometric shapes and sizes (b) numbers and scoring (c) measuring time, weight, etc.

G for GAMES and AMUSEMENT TOYS
H for HOME MADE TOYS
I for INSTRUMENTAL AIDS
R for READING AIDS and BOOKS
T for TAPES
TP for TAPE PLAYERS

8. Record Systems

(a) *The Two Card System*

1) *Toy Card* Once the toy has been numbered, a Toy Card is made up for the numerical Toy Card Index.

On the front
- name of toy
- number
- manufacturer
- place & date of puchase
- price at time of purchase
- description of toy, function
- suggestion for uses
- picture of toy (optional)

On the back
- name of borrower
- date due back
- damage/loss
- comments

If the toy has been damaged or pieces are missing this should be recorded on the card, at once.

Toy records such as these are useful in deciding whether:
- to discard the toy as unsuccessful or inappropriate
- to get one or more copies of the toy
- to replace the toy when worn or damaged.

For an example, see page 13.

2) *Family Card* The Borrower has a card filed alphabetically in the Family Card Index

On the front is the
- family name
- child's name
- age
- other appropriate details such as special care needed, abilities to be developed (possibly siblings borrowing and their ages/interests

On the back, record the Toy number and date due back.

b) *One Card - One Book System*
The Toy Card is handled in the same way as in the two-card system. *The Family Page* instead of a card, a page in a 3-ring binder which has more space for recording the toys, progressive use, child's functioning, parents' comments, therapists' comments and recommendations
OR
can be extended as you wish - perhaps into separate files for each child/family.

9. Checking Out and In Procedures

Checking Out

a) The toy or toys have been chosen by the borrower, child and therapist and are then "checked out". At this point they should be examined by both borrower and Toy Librarian

- for good condition
- for number of pieces as stated
- for instruction usage sheet if any

Note: On the first visit the borrower has signed a statement accepting responsibility, and this is not required each time (see Safety)

The Toy Librarian removes the Toy Card, records borrower's name and date due, and files it behind "due date". The family card (or equivalent) records the toy number and date due, and is returned to alphabetical file. The Borrower may also keep a card recording name of toy and date due.

The same system should be used, for administration purposes (in the case of staff checking toys out and in), and they should be encouraged to record details useful for the Toy Librarian. e.g. comments on usage, suitability, suggestions for alternatives, adaptations.

b) *Checking In*
Toys being returned should be immediately examined with the Borrower for condition, number of pieces, instruction sheets. The Toy Card is retrieved from "date due" file and marked as returned, with any comments about damage or loss, then filed in numberical Toy Card File.

The Borrower's comments about the toy and the child's use of it are vital information for the therapist, and she may prefer to see the child with the toys brought back and discuss them with the parent/caregiver before they are exchanged or renewed.

In either case, returned toys may be cleaned with a non-toxic spray, thoroughly rinsed, and dried before returning to the library shelves.

One suggested solution is 6 oz. phenoluc to 1 gallon of water as used by Surrey Place Centre. Another solution recommended is one part Javex to ten parts water. Other Hospital authorities suggest exposing the toys to one hour's sunshine.

Many Toy Libraries have not found parents overly concerned with germs, but your own organization will have guidelines about this.

10. Containers

One of the problems is how to help preserve and keep toys with pieces intact. Most original commercial packaging disintegrates rapidly. Do not throw it away before cutting out any pictures, descriptions and instructions that may be useful.

The pictures may be used a) to glue to substitute containers, b) to make up a pictorial catalogue or inventory of all the toys is The Toy Library. Use photo album pages or 3-ring binder.

Cardboard containers can be reinforced with adhesive tape or covered with clear plastic.

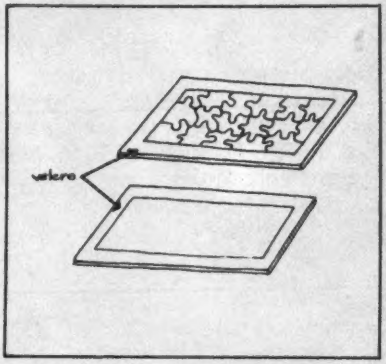
The toys may be transferred to other suitable containers – the following have been used successfully:

a) opaque freezer boxes
b) household tins with plastic lids
c) See through drawstring net bags, washable terylene or fibreglass. These have the advantage of being hung on hooks and save space.

Instruction sheets should be covered with clear plastic and photocopies kept as spares.

The problem of storage and display of jigsaw and insets can be difficult to solve satisfactorily. Commercial racks are provided by manufacturers for some sizes. Plastic bags on hangers are available from Library Supply Services.

If a handyman is available he might make trays with flat lids which are edged with velcro, but this is expensive.



Puzzle Storage

11. Toy Library Bags
By providing sturdy drawstring bags in which to carry toys to and fro, several advantages may accrue.

The chosen fabric e.g. hopsack used to make all bags (which remain Toy Library Property) identifies the borrowed toys, keeps them separate and special, reminds the family that the toys will be due back and best of all gives the child a link between hospital and home, something special like a club he belongs to, which is enjoyable, not painful or distressing.

His siblings may also be borrowing a toy each, and are fellow members of the 'club'.

Making the bags is something volunteers may like to offer to do – try a Seniors' Club.

12. Repairs – Toy Mending may also be a volunteer's pleasure, and give someone a feeling of being useful and needed.

Other mending sevices may be found in the sheltered workshop, high school/vocational school woodworking or machineshop.

13. Maintenance – is a constant necessity, small adjustments and replacements, and washing keep the toys in good working order. Electronic and battery toys if loaned need special care.

14. Donations – of toys are often offered, and may be accepted if appropriate and in good condition. If offered as new from the manufacturer, ask if you may choose them yourself.

15. Replacements
Some toy manufacturers provide replacements or spare parts or in some cases will replace the toy.

Some toys can be successfully played with even if some pieces are missing. The notable exceptions are jigsaws and puzzles – a handyman with plastic wood and paint may be able to make a satisfactory replacement. If the budget allows, it might be worthwhile buying two copies of each puzzle, keeping one for replacement pieces.

16. Charges For Borrowing
Whether to make a charge for using the Toy Library or not is up to you and your organization. A small charge or deposit underlines the expectation that the toy will be returned and in good condition.

If the Toy Library is an integral part of a therapy program, especially if administered on a one-to-one basis, you may decide not to make any charge.

17. Charges for Loss or Damage, or Overdue Toys
Again, it is your decision. Some Toy Libraries impose small fines e.g. a percentage of value on lost or damaged toys. Overdue toys are hard to retrieve if your borrowers do not live locally, and a fine is equally hard to collect. The best security is the relationship you have with the parent/caregivers and other borrowers.

18. Inventory
Should take place once a year, to evaluate total stock, loss, damage, usage and popularity.

19. Referrals

Which children does the Toy Library serve?
How do they become users of the Toy Library?
Can staff members or special-care agencies use the Toy Library?

We perceive the toy library to be:
(a) a means of organizing toys to be used throughout the agency by the staff. The Toy Library format simplifies choices, makes them easy to identify and locate, and controls their going out and coming in.
(b)For use of selected departments, as an out-patient service for those children going home to continue treatment, and returning for later appointments.
(c) to encourage parent/caregiver participation and as a link between home and hospital that the child may see as desireable.
(d) a link between the child and his *local* toy library, where similar or new recommended toys may be borrowed, and where he and his family may make community or neighbourhood friends, find support, and encourage integration.
Referrals are made when staff feel this service to be appropriate e.g. for orthopaedic, asthmatic, visual or hearing impairment, speech difficulties etc. You will need to decide on your terms of referral, days and hours, length of borrowing time, evaluation of program for reports, method for feedback to referral person.

20. Safety

The importance of the safety factor cannot be too strongly or frequently emphasized.

The Toy Library should undertake to provide only toys which are safe i.e. have passed the regulation safety standards for the country you are in, and also the safety criteria guidelines for toy lending.

In many cases toys are safe only if handled by the child for whom it is designed e.g. a toy for the child who has passed the stage of putting everything in his mouth might be dangerous in the hands of the family infant. Very young children need supervision with almost everything. The safety of the child at play depends on proper supervision. Therefore when the borrowed toy has been taken out of the Toy Library the *Borrower* is responsible.

A number of statements have been used by Toy Libraries, to be signed by the borrower as a release from liability. The first example, though not necessarily a legal document does serve to emphasize where the responsibility lies. You may wish to consult your organization's legal advisor on appropriate wording and insurance coverage. (See Figure II)

(Figure II)
Example A

TOY LIBRARY

RELEASE FROM LIABILITY

I hereby assume complete and full responsibility for any and all injuries to any person or person which result in whole or in part from using the toys I borrow from this toy library. I hereby release the toy library from any and all responsibility in respect of any injuries so sustained either outside of or on the premises.

....

Date Signature

Example B

TOY LIBRARY REGISTRATION

Parents' Name(s) _____
(surname) (first name)

Address: _____

Phone: _____

We the undersigned, do hereby consent to the registration of our child(ren) in the toy lending library, and do hereby release and forever discharge the toy library and its employees from, of and against any and all claim, demand, suit, judgement and liability of every nature and kind arising whether directly or indirectly out of the use of any toys taken by our child(ren) from the toy lending library.

_____ _____

Signature of Parent Signature of Parent

(Children's names above referred to are listed on reverse)

Toy no: Manufacturer: Distributor: Purchase date: price: Place of Purchase: Address:	Toy: Description: Damage/Loss	Date:
Play Potential - ideas for use:	Users Comments:	Date:

Toy Card: front - use index cards 4x6" ~ 5x7"

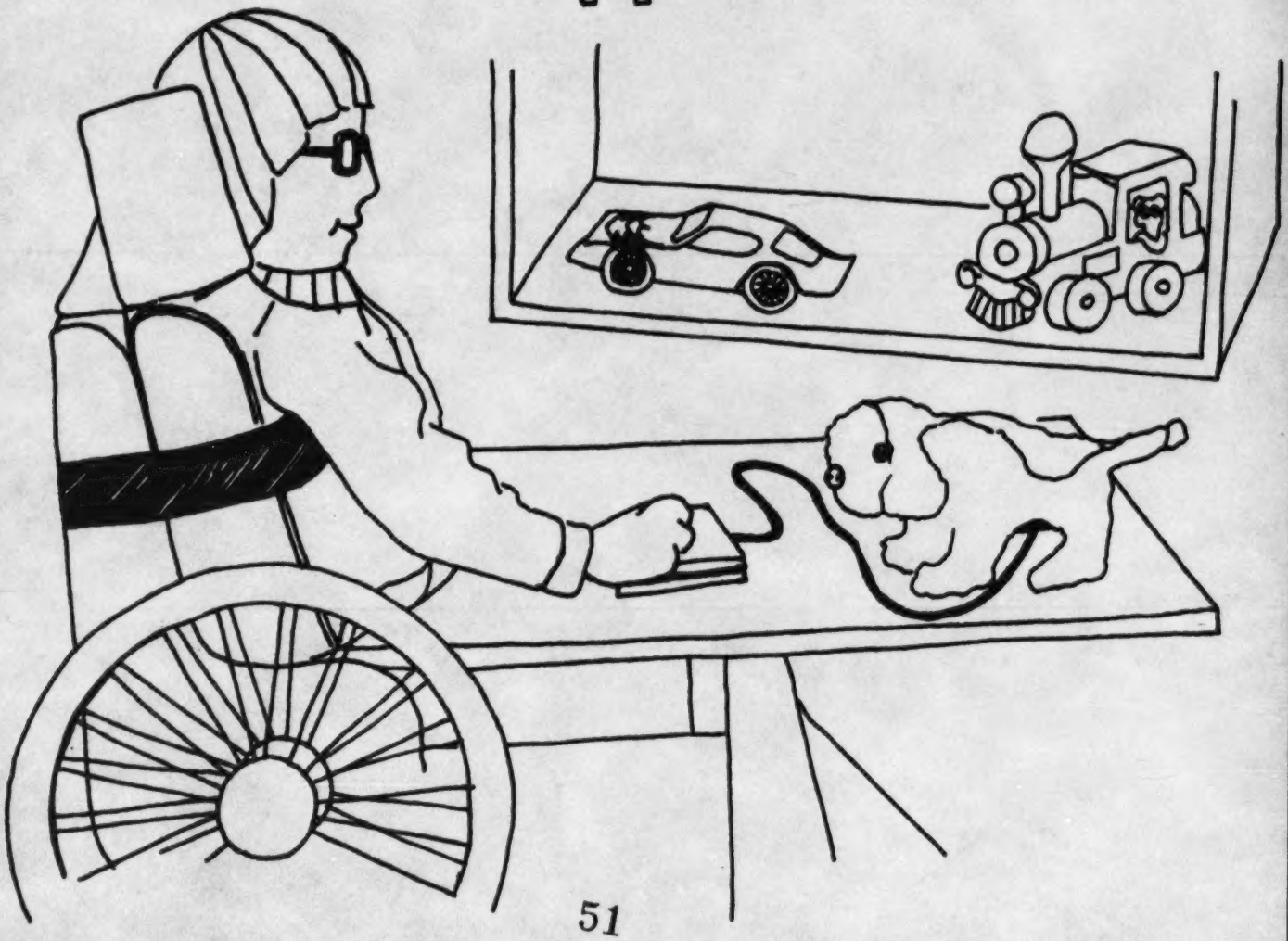
Borrower	OUT	IN	Borrower	OUT	IN

Toy Card: back

toys help

unit 5

special toys for the physically handicapped child



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Special Toys for the Handicapped Child

by Margrit Beesley O.T.(C)

It is generally recognised that every child needs to play in order to develop normally. Toys are an important tool for play where new experience can be gained. However the child has to be actively involved in the play process and to be able to manipulate the toys in order to learn and develop further. From passive observation very little experience and knowledge can be obtained. A toy has to be explored and should leave room for the child's own imagination.

The choice of toys is often dictated by tradition and cultural background but also by new trends and fashion. The child on the neighbourhood block has to have the same type of toys as his neighbours. What about the handicapped child? Can he play with all those trendy toys? Because of the child's handicap, parents may not know what is the right toy and therefore may feel helpless. Here is a child who is different from the others and the parents may feel unsure how to react to their child. In their efforts to show their love they may buy the biggest "cute" toy available to compensate for their guilt feelings. Often these toys are "passive" toys which offer little or no learning experience for the child. The normal relationship between parent and child often becomes distorted. The gap between normal development and the child's milestones widens and the child's isolation increases. He does not learn how to interact with his peer group and is unable to join in their play.

Parental guidance is necessary as soon as a handicap is recognized. It is hoped through Toy Libraries both parent and child will be exposed to a wider choice of different toys and will explore the many ways to play with them. Many handicapped children are able to and should play with commercially available toys that are carefully selected – toys that are colourful and made from good long-lasting materials, easily handled. Often just a small adaptation will enable the child to handle and benefit from the toy. Each disabling condition has its own characteristics and the emphasis in the selection of toys may vary.

Other criteria would be applied according to the individual child's needs and interests and his physical and intellectual capabilities.

Some major groups, such as the mentally retarded, have not been touched on in this section, but reference to the bibliography in Unit 1 will suggest further readings on toy selection, notably "Toys and playthings in development and remediation" by John and Elizabeth Newson.

Simple Adaptations on Toys

We believe the "normal fashionable" toys should be used whenever possible by the handicapped child so that he can play with the same material as his friends. This will allow him to feel as much as possible a part of his peer group.

However, there are many toys, especially toys for the young child, which are just too difficult to handle and may only create frustration on the part of the child. Simple adaptation can sometimes make the difference between success and failure. The Simplex puzzles, for example, have very tine knobs. These can be replaced by bigger knobs from hardware or building stores. The same can be done with the handle of a "Jack-in-the-Box". When the tiny knob is replaced by a big wooden handle the child is able to activate the toy. Playing with Dominoes can be frustrating when the pieces slide out of order because of the child's unco-ordinated movements. It helps to stick velcro on the bottom of all the pieces and use a large piece of felt or similar material on the flat playing surface. For many children a non-slip pad is helpful (available from J.A. Preston). The material is expensive but is in many situations a valuable assistance in playing with blocks, dishes or in holding a piece of paper in place.

Some children are too handicapped to play with any of the commercially available toys and simple adaptations are not sufficient to help them be actively involved in a toy or game. There has been real concern for these children for a long time. They have adopted a life style of being passive watchers who show little initiative. Fortunately the toy market has recently been overwhelmed with batter-operated toys. Such toys may have a play value for normal children but may have a greater potential for the handicapped child when adapted to his needs.

Imagine a child who has never had a chance to control anything in his environment can now start a toy moving by hitting a big Flap Switch with his fist. The joy in his eyes reflects the new experience. One has to be careful not to give the child just one battery-operated toy as the novelty wears off after a while and the child tires of newly discovered activity. It is important to have several different toys with very different actions. In this way the child learns to make a decision to use one toy or another. Many sources have now developed methods of making the Flap switch. You can buy the material and make it yourself. It is easier than you think!

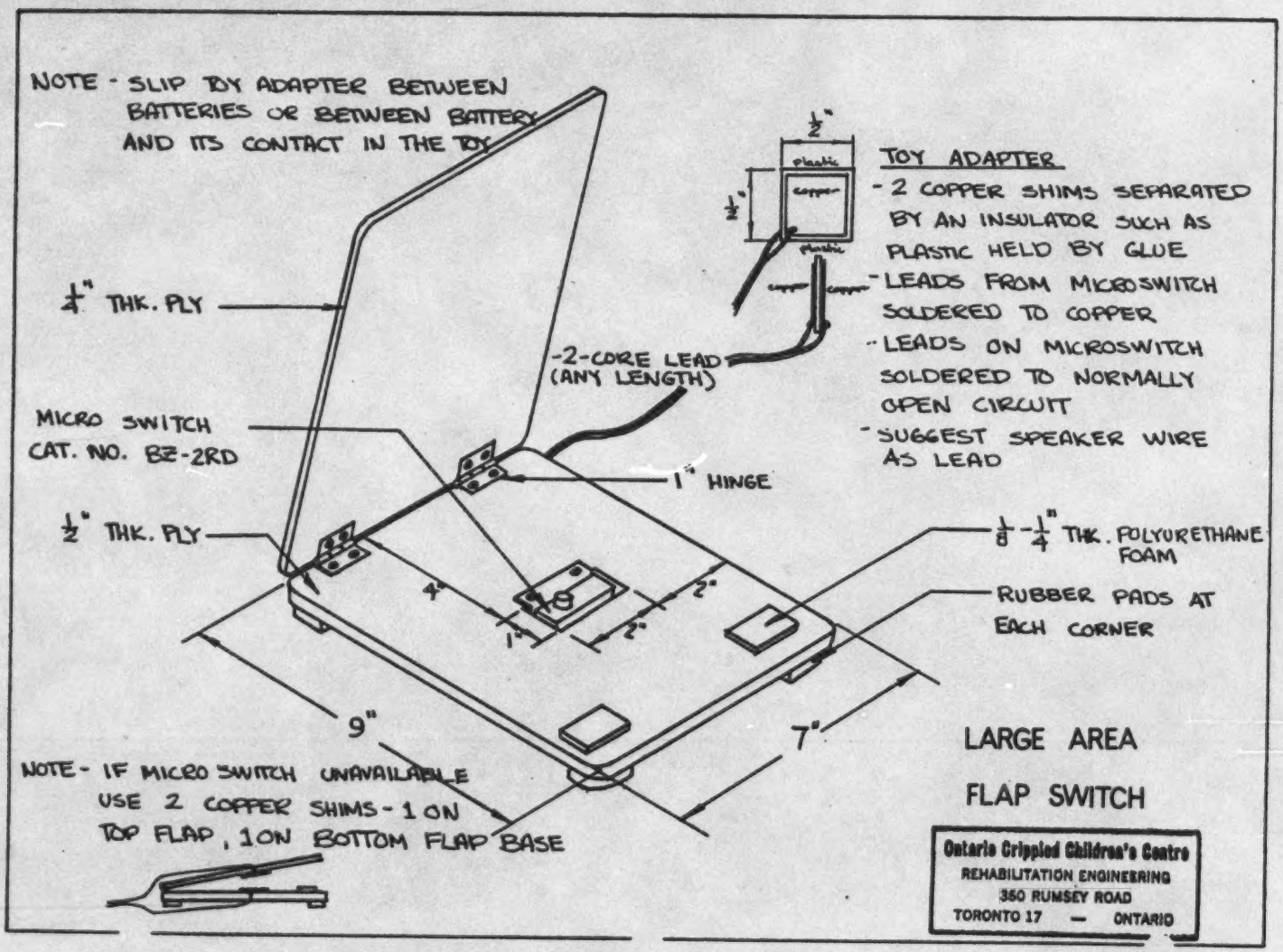

NOTE - SLIP TOY ADAPTER BETWEEN BATTERIES OR BETWEEN BATTERY AND ITS CONTACT IN THE TOY
TOY ADAPTER
- 2 COPPER SHIMS SEPARATED BY AN INSULATOR SUCH AS PLASTIC HELD BY GLUE
- LEADS FROM MICROSWITCH SOLDERED TO COPPER
- LEADS ON MICROSWITCH SOLDERED TO NORMALLY OPEN CIRCUIT
- SUGGEST SPEAKER WIRE AS LEAD
1/2" THK. PLY
-2-CORE LEAD (ANY LENGTH)
MICRO SWITCH CAT. NO. BZ-2RD
1" HINGE
1/2" THK. PLY
1/8 - 1/4" THK. POLYURETHANE FOAM
RUBBER PADS AT EACH CORNER
4"
2"
1"
2"
9"
7"
NOTE - IF MICRO SWITCH UNAVAILABLE USE 2 COPPER SHIMS - 1 ON TOP FLAP, 1 ON BOTTOM FLAP BASE
LARGE AREA
FLAP SWITCH
Ontario Crippled Children's Centre
REHABILITATION ENGINEERING
350 RUMSEY ROAD
TORONTO 17 — ONTARIO

Diagram 1 Flap Switch

Diagram 2 Zygo Leaf Switch drawing

Some of the switches are a small FLAP switch, a MICROswitch, and a LEAF switch which can also be mounted on the child's neck rest. In this case the child activates the switch by his chin.

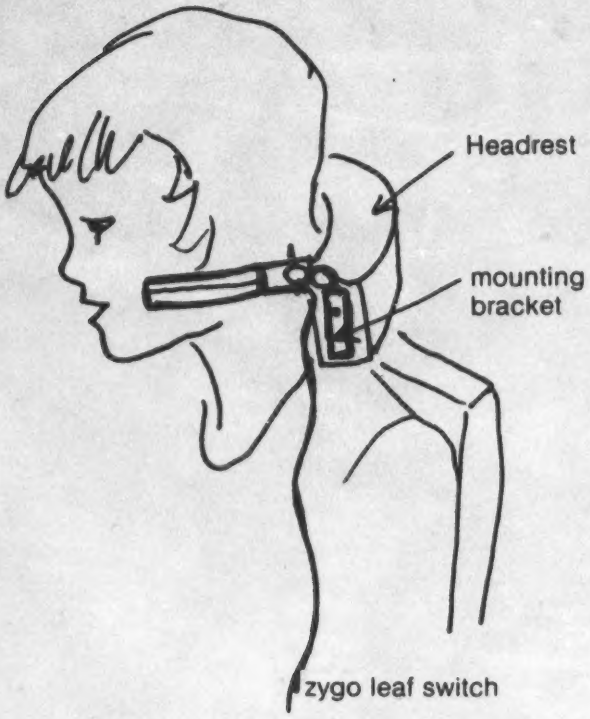


Diagram 3 Zygo CA-9

The Zygo Co. sells a special cable switch that can be connected between the battery of the toy and any of the switches available from Zygo.

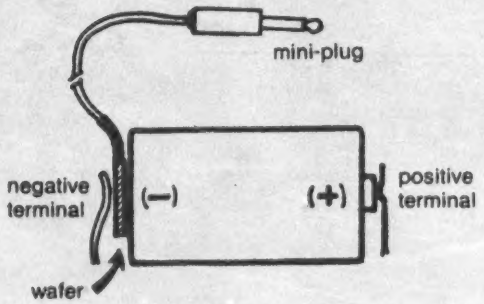
The Zygo CA-9 cable is a simple solution to accessing battery operated devices such as toys. No special modification of the toy itself is required.

DIRECTIONS: (Illustrated)

1. Insert the wafer between a battery terminal and the battery.

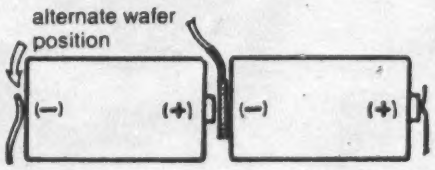
OPTIONS:

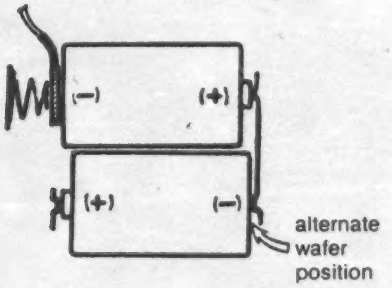
a) It is *preferred* you insert the wafer between the (-)negative battery terminal and the battery.



b) Insertion between the (+) positive terminal and battery is acceptable, but *beware*. Observe the battery arrangement in each device you adapt in this manner to assure that proper contact can be made. There are a variety of battery compartment designs which may prevent the necessary direct contact between terminal, wafer and battery.

c) In the case of multiple batteries, the wafer can be inserted between any two batteries in series.





2. Arrange the cable so that it exits the battery compartment with a minimum of strain and to avoid severing or compressing the cable with the compartment cover. It may be necessary to cut a small notch in the edge of either the compartment or its cover in which the cable can securely rest and allow complete closure.

3. Insert the mini-plug end of the cable into the desired switch.

4. Turn the device's switch ON. *THE DEVICE DOES NOT OPERATE.* Now actuate the newly connected alternate switch to operate the unit.

IMPORTANT:

a) The wafer size is for use with C and D cell batteries *ONLY.* It will not fit smaller sizes.

b) Certain non-standard switches and/or unusual operating requirements or environments may require other intervention. Please contact the Zygo Co. for assistance in these areas.

Battery Operated Toys – some suggestions

Tunneyville Choo-choo Train (Tomy Corp.)
Tunneyville Player piano (Tomy Corp.)
Big Rig Truck (Radio Shack)
Fire Engine (Radio Shack)
R 2 D 2 (Kenner Products Ltd.)
**the following may be found in variety stores and are available from Playwell Toy Centre Ltd.
440 Tapscott Road, Unit 16
Scarborough, Ontario M1B 1Y4
Musical Merry go Round
Lucky Dog
Playful Seeking dog
Pussy cat
Leash Control Pockey Pecking Dog
Tanja (small doll on bicycle)
Express Locomotive
Snorkel Fire Engine
Jet Speed Boat
Talking Police Benz
Emergency Car (bump'n go action)
Space commander Robot
Honda Accord Racer (bump'n go action)

Battery and Radio Controlled Toys

Most radio-controlled toys need more than just a simple adaptation, depending on the child's handicap. Where co-ordination is intact most hand-held units can be operated even by a child with weak muscles. For cerebral palsied children we recommend adapting only the four or six directional toys (below) with a reasonable slow speed. Low priced two-directional racing cars could be too frustrating for the typical CP child's slow reaction time.

To adapt a radio-controlled toy to a joystick or four flap switches requires a person with reasonable knowledge of the technical skills in this field. As each mechanism differs slightly on each toy no general rules can be given. Each toy has to be assessed individually.

Radio-controlled toys can be much more fun and stimulating than simple battery operated toys. Given the time and opportunity it would be possible for a CP child to develop a skill in operating the radio-controlled toy.

Radio Controlled Toys – some suggestions

* from Radio Shack
2-speed off roader

Digital dune buggy

2-channel Lancia Stratos

** from Playwell Toy Centre
Pleasure Cruiser (scale model for lake or pool – 14' distance)

Bulldozer (adjustable shovel)

Tower crane (goes forward and backward – hook goes up and down; turntable crane, detachable bucket)

Powerful Crane Truck (goes forward and backward with turn around action)

Directions of Operation
Radio Controlled

1. 2 speed off roader
   [from Radio Shack]

2. Digital dune buggy
   [from Radio Shack]

3. 2 Channel Lancia Stratos
   [from Radio Shack]

4. Pleasure Cruiser (Scale Model)
   for lake or pool 14 feet distance
   Hong Kong Toy Centre Ltd.
   [from Playwell Toy Centre Ltd.]

5. Tower Crane
   Goes forward and backward. Hook goes up and down. Turnable Crane-detachable bucket
   [from Playwell Toy Centre Ltd.]

6. Powerful Crane Truck
   Goes forward & backward with turn around action
   [from Playwell Toy Centre Ltd.]

7. Bulldozer
   Adjustable shovel
   [from Playwell Toy Centre Ltd.]

Sources for further information on adaptations:

G. Fraser Shein
Rehabilitation Engineering Department
Ontario Crippled Children's Centre
350 Rumsey Road, Toronto, Ont. M4G 1R8

Toy Lending Library Catalogue
Ottawa Crippled Children's Treatment Centre
395 Smyth Road, Ottawa, Ont. K1G 3H9

Mono Research Laboratories
Box 668, Shelbourne, Ont. L2N 1N0

Prentke Romich Co.
R.D. 2, Box 191, Shreve, Ohio 44676

Zygo Industries Inc.
Box 1008, Portland, Oregon 97207